



Council on Aging 51 South Main Street Janesville, WI 53545 Phone: (608) 757-5414

Fax: (608) 758-8472

Email: lachel.fowler@co.rock.wi.us

Hello,

In the past, an Elder Benefit Specialist at the Council on Aging of Rock County has assisted you in reviewing your Medicare health insurance coverage options.

Each year from October 15 through December 7, during Medicare's Open Enrollment Period, you have an opportunity to review and change your Medicare Part D Plan or Advantage Plan for the following year. For most people, this is the only time of year you may be able to change your plan. Changes made to plans for the coming year could mean that the costs and coverage for your same drugs could change. Likewise, a different company may now offer better coverage for those same medications. People have saved hundreds of dollars in a year by switching to a different plan. The only way to find out if you can save money is to review and compare your plan.

Medicare Supplements or Medigap Policies are not affected by this enrollment period. Similarly, those on SeniorCare are not affected by Medicare's Open Enrollment Period. A renewal notice will be sent in the mail by SeniorCare when the renewal is due. If you are on SeniorCare and have had medication changes, you might want to check on the cost of other Medicare plans to see if SeniorCare is still the best option for you.

This letter is to inform you that our process to help you review plan options is changing. Due to Covid-19, presentations and in-person appointments will likely be restricted. I will still be assisting people, but most of it will be completed through the mail, computer or telephone

If you would like me to review your 2021 plan options, please complete the enclosed form and return it to me at your earliest convenience. My contact information is listed at the top of this letter for your convenience. One open enrollment starts, I will send you your personalized Medicare results for 2021 and information on the next steps you need to take.

I look forward to working with you and assisting in any way that I can. Please do not hesitate to contact me if you have any other questions or concerns.

Sincerely,

Lachel Fowler

Elder Benefit Specialist

# **Medicare Annual Enrollment 2020**

If you request a personalized plan comparison, you must provide either your MyMedicare username and password, or complete the back of this sheet.

In 2019 the Centers for Medicare and Medicaid Service (CMS) government agency created a new version of Planfinder, which is the tool used to help you choose the best Medicare plan.

To get a personalized plan comparison or see details about your current plan, you will need to create a MyMedicare account. If you would like the assistance of the Elder Benefit Specialist, you will need to give consent for this, and your information will be kept confidential.

## To Create Your Own MyMedicare Account

If you would like to create the account yourself, go to Medicare.gov/plan-compare and click "Log in or create account" to make your own account. Save your login information on this sheet for future reference, and to provide to the benefit specialist for a personalized plan comparison.

## Pick A Username

- Must be 8-30 characters long, no spaces
- Can include letters, numbers, and special characters including: @!.-\_\$
- Must include at least 4 letters
- Cannot contain your Medicare or Social Security number

#### Create a Password

- 8-16 characters long
- Must contain at least one letter and one number
- Must also contain at least one of the following characters: @!\$% "\*()
- Cannot contain your username and cannot contain your Medicare or Social Security number

## Secret Question: Select and answer one

- What is your favorite vacation spot?
- In what city did you first meet your spouse?
- What country would you most like to visit?
- What is the title of your favorite book?
- What is the name of the first street you lived on?
- What was the name of your first pet?
- What is your best friend's last name?

MyMedicare	Username:
	Password:
<del></del>	licare account or don't remember my Username/Password and request . (Please complete the second of this form).

# **Medicare Annual Enrollment 2020**

Name:		Birthdate:		
Last	First	MI		
Address:				
Street Address		City	Zip Code	
Phone:	Email Address:			
Medicare Number:			_	
(This is I	ocated on your red/white/blu	e paper Medicare card)		
ffective Dates Part A:	Part B:			
Medica	ation List (you can also prov	vide a printout from your p	harmacy)	
harmacy:		Towi	n:	
☐ I get my prescriptions by Ma	ail-Order			
Medication Including dose/ Mi	lligrams (ex:Losartan – 300mg)	How many Per Day? (2)	Refilled: (Every 3 months)	
request the Elder Benefit Sp n order to obtain a personaliz				
he username and password v				
71'			<del></del>	
Client Signature			Date	
Return completed form to:				
achel Fowler, Elder Benef	•		fowler@co.rock.wi.us	
Rock County Council on Ac		Or fax to: Lachel Fo	wier 608-757-8475	